Retisert is a surgically placed corticosteroid implant for the treatment of chronic non-infectious uveitis affecting the posterior segment of the eye. Non-infectious uveitis is an inflammatory disease which may be idiopathic and/or systemic in origin.

Retisert may be placed unilaterally or bilaterally. The bilateral procedure may be done at the same time, or may be done at separate times.

Limitations

Coverage of the Retisert insertion procedure is restricted to patients who are no longer tolerant of, or responsive to , more conservative treatment modalities.

Retisert is contraindicated in most viral diseases of the cornea and conjunctiva including, but not limited to:

- Epithelial herpes simplex
- Keratitis (dentritic keratitis)
- Vaccinia
- Varicella
- Mycobacterial infections of the eye
- Fungal diseases of ocular structures

Following depletion of fluocinolone acetonide from the implant as evidenced by recurrence of uveitis, Retisert may be replaced once every 2.5 years (30 months).

Insertion of Retisert is not covered in pediatric patients below the age of twelve (12) because the safety and effectiveness have not been established.

Documentation

Medical record documentation must be maintained by the performing physician and must include the clinical/medical necessity for the Retisert implant. Documentation must include, but is not limited to, the signs, symptoms, and/or diagnosis(es) that support the need for the service. All prior treatments shall be identified and documented as to why they failed. Documentation must also include the operative/procedure report and medical records (e.g., office notes, history and physical, etc.) supporting the signs, symptoms and diagnosis.

For further information regarding documentation, refer to Maintenance of Records, section 7.03.

Division of Medicaid **State of Mississippi** **Provider Policy Manual**	**New: X** **Revised:** **Current:**	**Date: 10/01/08** **Date:**
Section: Hospital Outpatient	**Section: 26.30** **Pages: 1**	
Subject: Insertion of Retisert (Fluocinolone Acetonide Intravitreal Implant)	**Cross Reference: Insertion of Retisert 53.36**	

Refer to Provider Policy Manual Section 53.36 for Retisert policy.

Division of Medicaid **State of Mississippi** **Provider Policy Manual**	**New: X** **Revised:** **Current:**	**Date: 10/01/08** **Date:**
Section: Ambulatory Surgical Center	**Section: 13.17** **Pages: 1**	
Subject: Insertion of Retisert (Fluocinolone acetonide Intravitreal Implant)	**Cross Reference: Insertion of Retisert 53.36**	

Refer to Provider Policy Manual Section 53.36 for Retisert policy.

Division of Medicaid **State of Mississippi** **Provider Policy Manual**	**New: X** **Revised:** **Current:**	**Date: 10/01/08** **Date:**
Section: Physician **Subject: Insertion of Retisert (Fluocinolone Acetonide Intravitreal Implant)**	**Section: 55.14** **Pages: 1** **Cross Reference: Insertion of Retisert 53.36**	

Refer to Provider Policy Manual Section 53.36 for Retisert policy.